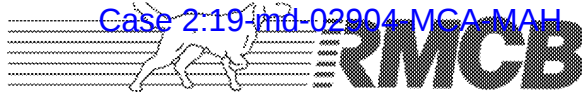


EXHIBIT L



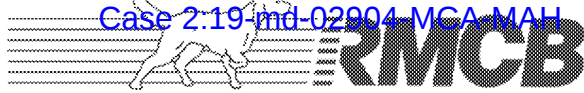
DISPOSITION REVIEW

Please review the following scenarios and choose the best disposition. Remember that choosing the right disposition not only determines when and if we will be calling the customer but also determines what happens to their account. If you are ever unsure about what disposition to use, please ask a fellow tribe member or leader.

1. "I left my credit/debit card at home. I will call you after work to pay this account." _____
2. "Do not call me anymore!" _____
3. "I'll call you guys back after I look further into this account." _____
4. *Hi, is John Brown available?* "That is my husband, but he passed away last month." _____
5. "I do not want this call recorded." _____
6. "I was looking to speak with Jane Brook?"... "Oh, She'll be home later, I will try to reach her at another time. Thank you". _____
7. "I don't understand why I have this bill from Quest Diagnostics. My insurance should've covered this." _____
8. "I just lost my job. I currently do not have the funds to make a payment on this account." _____
9. "I'm going to pay this bill directly to Mason Shoe Company." _____
10. "I'm going to have my attorney contact you." _____
11. "I don't owe this debt! I've never even seen that doctor." _____
12. The customer you are trying to reach only speaks German. We do not have any representatives that speak German. _____
13. "Do not contact me ever again!" _____
14. "I've filed for bankruptcy." _____
15. "My insurance should've taken care of this Bio Reference Lab bill." _____
16. "My Medicare should've taken care of this bill." _____
17. "I will place a money order in the mail made out to RMCB this Friday." _____
18. "I got hurt on the job last year. My employer is taking care of this bill." _____
19. "I already paid this bill!" _____
20. "May I speak with Joanne, rep C01? I spoke to her last week." _____
21. "I can't pay the bill at this moment. Let me take a further look at my funds to see what I can arrange." _____
22. "Do you have a website? I'm going to pay this bill online." _____
23. "I was the victim of identity theft." _____
24. "I don't believe I owe this. I need proof of this debt before I take any action on it." _____
25. "I want my money back! The funds weren't supposed to be drawn from my account until tomorrow." _____
26. "I can't pay this amount in full but I am willing to settle for \$300." That settlement is an offer that falls below the client's set parameters, but I will note the offer in the system and this request will be sent to client to be approved or denied. _____

Disposition Bank:

- | | | |
|------------------------------------|---------------------------------------|----------------------------------|
| a) Worker's Comp/No Fault (WCF) | i) Medicare (MCR) | r) Promise - Pay Online (ONL) |
| b) Promise - Mail in Payment (PMP) | j) Promise - Call Back (PCB) | s) Cease and Desist (CAD) |
| c) Request - HCFA (HCF) | k) State - No Recording Consent (SRC) | t) Dispute - Request Proof (RPF) |
| d) Request - Refund (RFD) | l) Promise - Pay Client (PPC) | u) Claims Fraud (FRD) |
| e) Attorney Representation (ATR) | m) Unable to Pay (UTP) | v) No Promise (NOP) |
| f) Deceased (DOA) | n) Call Back (CBK) | w) Request - Below Settlement |
| g) Claims Insurance (INS) | o) Dispute - Other (DIS) | x) Cease Calling (CCL) |
| h) Bankruptcy (BKR) | p) Claims Paid (CPD) | y) Not there (NOT) |
| | q) Call Transferred (CTN) | |



DISPOSITION REVIEW

Please review the following scenarios and choose the best disposition. Remember that choosing the right disposition not only determines when and if we will be calling the customer but also determines what happens to their account. If you are ever unsure about what disposition to use, please ask a fellow tribe member or leader.

1. "I left my credit/debit card at home. I will call you after work to pay this account." (j)
2. "Do not call me anymore!" (x)
3. "I'll call you guys back after I look further into this account." (n)
4. *Hi, is John Brown available?* "That is my husband, but he passed away last month." (f)
5. "I do not want this call recorded." (k)
6. *I was looking to speak with Jane Brook* "Oh, She'll be home later." *I will try to reach her at another time. Thank you.* (y)
7. "I don't understand why I have this \$150 bill from LabCorp. My insurance should've covered this." (c)
8. "I just lost my job. I currently do not have the funds to make a payment on this account." (m)
9. "I'm going to pay this bill directly to Mason Shoe Company." (l)
10. "I'm going to have my attorney contact you." (e)
11. "I don't owe this debt! I've never even seen that doctor." (o)
12. The customer you are trying to reach only speaks German. We do not have any representatives that speak German. (x)
13. "Do not contact me ever again!" (s)
14. "I've filed for bankruptcy." (h)
15. "My insurance should've taken care of this Bio Reference Lab bill." (g)
16. "My Medicare should've taken care of this bill." (i)
17. "I will place a money order in the mail made out to RMCB this Friday." (b)
18. "I got hurt on the job last year. My employer is taking care of this bill." (a)
19. "My insurance already paid this bill!" (p)
20. "May I speak with Joanne, rep C01? I spoke to her last week." (q)
21. "I can't pay the bill at this moment. Let me take a further look at my funds to see what I can arrange." (v)
22. "Do you have a website? I'm going to pay this bill online." (r)
23. "I was the victim of identity theft." (u)
24. "I don't believe I owe this. I need proof of this debt before I take any action on it." (t)
25. "I want my money back! The funds weren't supposed to be drawn from my account until tomorrow." (d)
26. "I can't pay this amount in full but I am willing to settle for \$300." That settlement is an offer that falls below the client's set parameters, but I will note the offer in the system and this request will be sent to client to be approved or denied. (w)

Disposition Bank:

- | | | |
|------------------------------|---------------------------------|---------------------------------------|
| a) Worker's Comp/No Fault | j) Promise - Call Back | s) Cease and Desist |
| b) Promise - Mail in Payment | k) State - No Recording Consent | t) Request Proof (Validation Request) |
| c) Request - HCFA | l) Promise - Pay Client | u) Claims Fraud |
| d) Request - Refund | m) Unable to Pay | v) No Promise |
| e) Attorney Representation | n) Call Back | w) Request - Below Settlement |
| f) Deceased | o) Dispute - Other | x) Cease Calling |
| g) Claims Insurance | p) Claims Paid | y) Not there |
| h) Bankruptcy | q) Call Transferred | |
| i) Medicare | r) Promise - Pay Online | |

PAYMENT REVIEW

1. If someone is claiming that they paid their account already but do not recall any information regarding the payment, how would you proceed with the call?

2. What are consumer psychology techniques we can utilize with our client's customers?

3. Sally has three accounts:
 - i. One is \$200
 - ii. One is \$67.00
 - iii. One is \$15.00
 - a. She informs you that she can probably pay \$50 a month. Describe what kind of payment plan you would suggest to her?

4. What is a blind payment? When would you offer this to a customer?

5. What are some important things to know about processing payments from third parties?

6. If someone asks how paying this account would affect their credit score, how would you respond?

7. What do you want to mention on every payment that is processed?
8. Put in order how you would go about discussing payment options with a customer:
 - a. _____ Payment Plan
 - b. _____ Payment in full
 - c. _____ Settlement offer
9. If a customer is willing to pay their account, but wants the account removed from their credit, how would you handle this call?
10. If a customer would like to pay \$5 a month for a \$100 bill, how would you handle this call?
11. What does it mean to have control of the conversation? How is this established?
12. If you are processing a payment for \$100 and there is a \$4.95 processing fee, what is a good way to inform the customer about this fee?
13. When negotiating a settlement with a customer, what are some techniques you may use?
14. A customer owes \$500 and says that they cannot pay the balance in full, how can you respond to them? What kind of payment plan would you offer?



American Medical Collection Agency

Pay Off Letter

March 16, 2015

**Jane Doe
123 4th Street
Elmsford, NY 10523**

**Re: CareCentrix
Acct#: AMCA00000
Balance: \$385.00**

Dear Jane Doe,

Pursuant to your request, we are writing to advise you that our records reflect that you have a past due balance with our client as indicated above.

Please make your check payable to **AMCA**. Please include your account number, **AMCA00000**, at the bottom of your check or money order.

AMCA/RMCB
P.O. Box 160
Elmsford, NY 10523

Sincerely yours,

Joseph Howard
Collection Supervisor

This communication is from a debt collector. All information obtained will be used for that purpose.

**Payment
Confirmation
E-mail****AMCA**
American Medical Collection Agency**To Jane Doe*****Payment Reciept 04/08/2015*****Confirmation Code: 040852**

Account	Balance	Amount Paid	New Balance
Care Centrix 0000000	\$14.62	\$14.62	\$0.00 <i>Paid In Full</i>
Care Centrix Seconds 0000000	\$48.39	\$48.39	\$0.00 <i>Paid In Full</i>
Credit Card xxxx-xxxx-xxxx-8864	Total	\$63.01	

Thank you for your payment. If there is anything we can help you with,
please contact us at 1(844) 515-AMCA

Statement date: May 14, 2012

Member: AMY S WELL
Member ID: W123456789
Group #: 0987654-10-001 A P1(*T0
Group name: TEST INC

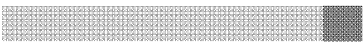
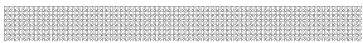
QUESTIONS? Contact us at aetna.com
1-800-331-1168
Or write to the address shown above.

AMY S WELL
111 AETNA STREET
HARTFORD CT 06156

THIS IS NOT A BILL
Keep this for your records

Explanation of benefits:

Track your health care costs

\$25.24 Amount you owe or already paid Amount billed \$237.06 Plan payments and discounts - \$211.82 You owe \$25.24 \$211.82 \$25.24  \$0 \$237.06	\$107.53 Amount you saved Going to a doctor or hospital in our network saves you money. That's because we have arranged discounted rates with these providers. Our online provider directory can help you find a doctor or other health care professional. Just go to www.aetna.com .	\$0.00 (In-network) Amount you have left to meet deductible Annual deductible \$1,000.00 Deductible used - \$1,000.00 Deductible remaining \$0.00 \$1,000.00  \$0 \$1,000.00
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A guide to key terms

Term	This means	Your totals
Amount billed:	The amount your doctor or health care provider billed for services.	\$237.06
Member rate:	The agreed upon amount your doctor or health care provider in our network accepts as their fee.	\$107.03
Amount you saved:	The difference between the amount billed and the in-network arranged pricing.	\$107.53
Pending or not payable:	A claim that needs more review by us or an amount we did not pay. You may or may not have to pay this. Read 'Your Claim Remarks' to learn more.	\$0.00
Deductible:	The amount you pay before your health plan will pay benefits.	\$0.00
Coinurance:	When you pay part of the bill and we pay part of the bill. This is your out-of-pocket amount.	\$5.24
Copay:	A fixed dollar amount you pay when you visit a doctor or other health care provider.	\$20.00

A message from Aetna

Introducing your new Explanation of Benefits. It has a simpler look and feel, designed with you in mind.

Statement date: May 14, 2012


Member: AMY S WELL
Member ID: W123456789
Group #: 0987654-10-001 A P1(*T0
Group name: TEST INC

Your payment summary

		Your plan paid			You owe or already paid
Patient	Provider	Amount	Sent to	Date	Amount
Roger (spouse)	George M Markus	\$60.84	George M Markus	12/12/11	\$20.00
Roger (spouse)	Quest Diagnostics Incorpora	\$20.95	Quest Diagnostics Incorporat	12/6/11	\$5.24
Amy (self)	Safeway Inc.	\$22.50	Safeway Inc.	12/13/11	\$0.00
Total:		\$104.29			\$25.24


Your claims up close

Claim for Amy (self)

Claim ID: EQ000006R00 Received on 12/12/11	Amount billed	Member rate	Pending or not payable (Remarks) 	Applied to deductible	Your copay	Amount remaining	Plan pays	Your coinsurance	You owe C+D+E+H=I
FLU VIRUS VACC-SPLIT 3 YR & on 9/17/11 90658	12.50					12.50	12.50 (100%)		
ADMIN INFLUENZA VIRUS VAC on 9/17/11 G0008 Safeway Inc. Refer to Remarks Section	10.00		(1)			10.00	10.00 (100%)		
Totals:	22.50					22.50	22.50		
	A	B	C	D	E	F	G	H	I

 You can find all numbered claim remarks in 'Your Claim Remarks' section.

Claim for Roger (spouse)

Claim ID: E500000QK00 Received on 12/2/11	Amount billed	Member rate	Pending or not payable (Remarks) 	Applied to deductible	Your copay	Amount remaining	Plan pays	Your coinsurance	You owe C+D+E+H=I
OFFICE VISIT on 11/29/11 99213	90.00	77.54			20.00	57.54	57.54 (100%)		20.00
COLLECTION OF VENOUS BLOOD on 11/29/11 36415 George M Markus Refer to Remarks Section	5.00	3.30	(1)			3.30	3.30 (100%)		
Totals:	95.00	80.84			20.00	60.84	60.84		\$20.00
	A	B	C	D	E	F	G	H	I

 You can find all numbered claim remarks in 'Your Claim Remarks' section.

Continued on next page

CareCentrix®

CareCentrix
P.O. Box 277947
Atlanta, GA 30384-7947

SAMPLE



Doe, Jane
123 Main Street
Anytown US 80004-6156



Patient Name

Doe, Jane

Insured Name

Doe, Jane

Invoice Number

00000

Date

06/21/2014

Insurance Name / ID

GREAT WEST HEALTHCARE

Service Provider

APRIA HEALTHC

Pay at: www.carecentrix.com - Click on Online Services

INVOICE

IMPORTANT MESSAGE

****FINAL NOTICE****

YOUR ACCOUNT IS PAST DUE. IF PAYMENT IS NOT RECEIVED OR YOU DO NOT CONTACT US TO MAKE PAYMENT ARRANGEMENTS, YOUR ACCOUNT WILL BE SENT TO AN OUTSIDE COLLECTION AGENCY WITHIN 30 DAYS.

CareCentrix has a contract with your insurance carrier to coordinate home health care services, including home medical equipment, supplies, nursing services, therapists, and infusion. Under that arrangement, CareCentrix bills your insurance carrier for services rendered by CareCentrix network providers. CareCentrix reimburses the provider in full for the covered services provided, and CareCentrix is responsible for collecting the patient responsibility. The enclosed invoice reflects your responsibility as indicated on the explanation of benefits you received from your insurance carrier.

DATE	SERVICE DESCRIPTION	UNITS	RATE	AMOUNT
02/17/2014	CRUTCH SUBSTITU	1.00PU	765.51	765.51

For Billing help or questions about this invoice call Customer Service at our toll free number: 800-808-1902.

The balance due reflects your responsibility after insurance consideration. If you have any questions concerning your benefits, contact your insurance company.

TOTAL CHARGES	\$765.51
ADJUSTMENTS	\$0.00
LESS PAYMENTS	\$0.00
BALANCE DUE	
\$765.51	

Please call our toll free Compliance Hotline at 877-848-8229 to report any suspected fraudulent or other illegal activity. Please remember that billing questions that do not involve suspected fraud or illegal activity should continue to be directed to our toll free Customer Service line at 800-808-1902.

PLEASE DETACH AND RETURN THIS PORTION IN THE ENCLOSED ENVELOPE

Doe, Jane
123 Main Street
Anytown US 80004

ACCOUNT NUMBER	INVOICE NUMBER
5879-E7859	5879-0453501
PATIENT NAME	
Doe, Jane	
DUE UPON RECEIPT	PAY THIS AMOUNT
	\$765.51

IF PAYING BY VISA, MASTERCARD OR DISCOVER, FILL OUT BELOW		
<input type="checkbox"/> VISA	<input type="checkbox"/> MASTERCARD	<input type="checkbox"/> DISCOVER
CARD NUMBER	EXP. DATE	AMOUNT
SIGNATURE		MUST INCLUDE 3 DIGIT SECURITY CODE FROM BACK OF CARD
PRINT CARD HOLDER NAME		

PLEASE MAKE CHECKS PAYABLE TO:

CARECENTRIX
PO BOX 277947
ATLANTA GA 30384-7947

